		Application or Docket Number										
	PATENT A	APPLICATIO Effect	N FEE DI tive Octob	RD	10/099833							
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOT	TAL CLAIMS		12				RA	TE	FEE	1	RATE	FEE
FOR	103/1	4/02	NUMBER	FILED	NUME	BER EXTRA	BASIC			OR	BASIC FEE	
гот	AL CHARGEA	ABLE CLAIMS	// minus 20=			. 6		. X\$ 9=		OR	X\$18=	
NDE	PENDENT CL	AIMS	1 m	ninus 3 =	٠	· W		X42=		1	X84=	
<b>NUL</b>	TIPLE DEPEN	NDENT CLAIM PR	RESENT	RESENT						OR		
If t	If the difference in column 1 is less than zero, enter "0" in column 2							+140= TOTAL 370			+280= TOTAL	
	c c	LAIMS AS A	MENDEL	Λ - PAR	T [] T		, <b></b>	\ <u>\</u>	170	OR		THAN
5.	428/05		MENUL	Colur		(Column 3)	SMALL ENTITY			OR	OTHER SMALL I	
AMENUMENI A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	HEST MBER OUSLY	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
֓֞֝֟֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	Total	* 14	Minus	* 2	D_	<del>-</del> <del>-</del> <del>-</del>	X\$	9=		OR	X\$18=	
	Independent	. 4	Minus	***	5	=   .	XÃ	<i>o</i> 2≤	100	OR	7,50° X84=	-
	FIRST PRESE	ENTATION OF MI	JLTIPLE DE	PENDEN	r CLAIM		+14	n=		OR	+280=	1
•							L.T	OTAL			TOTAL	
		(Column 1)		(Colur	mn 2)	(Column 3)	ADDIT	FEE	Vo.	]~	ADDIT. FEE	<del>-, -</del>
,		CLAIMS		HIGH	HEST				ADDI-		r <del></del>	ADDI-
AMENDMEN B		REMAINING AFTER AMENDMENT		PREVIO	ABER OUSLY FOR	PRESENT EXTRA	RA'	ΓE	TIONAL		RATE	TIONAL FEE
Ž	Total	•	Minus	**		<b>c</b>	X\$	9=_		OR	X\$18=	i
ME	Independent	•	Minus	***		=	X4:	2=		OR	X84=	
<u>, 1, </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							0=		OR	+280=	
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		(Column 1)		(Colur	mn 2)	(Column 3)	ADDIT.	rc <sub>-</sub>		)	ADDII. FEE	
7		CLAIMS		HIGH	HEST				ADDI-	1		ADDI-
AMENDMENIC		REMAINING AFTER AMENDMENT		PREVIO PAID		PRESENT EXTRA	RAT	ΓE	TIONAL FEE		RATE	TIONAL FEE
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E L	Independent	*	Minus	***		=	X42	) <u> </u>		OR	X84=	
1	IRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								Un	-	<del>                                     </del>	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+280=	L
**	the "Highest Nur	mber Previously Pa	aid For IN THI	lis space b	Is less tha	ал 20, enter "20."	ADDIT.	TAL FEE		OR	TOTAL ADDIT. FEE	
		imber Previously Pa				an 3, enter "3." e bighest numbe:			oronriate bo:			

FORM PTO-975 (Rev. 8/01)

\*U.S. Government Printing Office: 2001 -- 484-484/59268

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